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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/069959		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
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48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	17						TOTAL DEP.				
TOTAL CLAIMS	19						TOTAL CLAIMS				

10-1360 (3-75)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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